

SCHWEGMAN ■ LUNDBERG ■ WOESSNER
PATENT, TRADEMARK & COPYRIGHT ATTORNEYS
P.O. Box 2938

Minneapolis, MN 55402
Telephone (612) 373-6900 Facsimile (612) 339-3061

RECEIVED
CENTRAL FAX CENTER

JUN 17 2009

June 17, 2009

TO: Commissioner for Patents
Attn: Deborah Carr
Patent Examining Corps
Facsimile Center
P.O. Box 1450
Alexandria, VA 22313-1450

FAX NUMBER: 571-273-8300

FROM: Gary J. Speier

OUR REF: 1804.004US1

TELEPHONE: 571-272-0637

Document(s) Transmitted: Request for Withdrawal as Attorney or Agent (2 pages).

Total pages of this transmission, including cover letter: 2 pages.
If you do NOT receive all of the pages described above, please telephone us at 612-373-6900 or fax us at 612-339-3061.

In re. Patent Application of: Mark Hoffman et al.

Examiner: Deborah Carr

Serial No.: 10/696,730


Group Art Unit: 1621

Filed: October 29, 2003

Docket No.: 1804.004US1

Title: ISOLATION OF LUTEIN FROM ALFALFA

I hereby certify that this paper is being transmitted by facsimile to the U.S. Patent and Trademark Office on the date shown below.


Richard Huber

6/17/09
Date of Transmission

Modified PTO/SB/83 (04-08)
Based on form approved for use through 12/31/2008

REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT AND CHANGE OF CORRESPONDENCE ADDRESS	Application Number	10/696,730
	Filing Date	October 29, 2003
	First Named Inventor	Mark Hoffman
	Art Unit	1621
	Examiner Name	Deborah Carr
	Attorney Docket Number	1804.004US1

**RECEIVED
CENTRAL FAX CENTER**

JUN 17 2009

To: Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Please withdraw me as attorney or agent for the above identified application, and

- ☐ all the practitioners of record;
☐ the practitioners (with registration numbers) of record listed on the attached paper(s); or
☒ the practitioners associated with Customer Number: 21186

NOTE: The immediately preceding box should only be marked when the practitioners were appointed using the listed Customer Number.

The reasons for this request are those described in 37 C.F.R.:

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> 10.40(b)(1) | <input type="checkbox"/> 10.40(b)(2) | <input type="checkbox"/> 10.40(b)(3) | <input checked="" type="checkbox"/> 10.40(b)(4) |
| <input type="checkbox"/> 10.40(c)(1)(i) | <input type="checkbox"/> 10.40(c)(1)(ii) | <input type="checkbox"/> 10.40(c)(1)(iii) | <input type="checkbox"/> 10.40(c)(1)(iv) |
| <input type="checkbox"/> 10.40(c)(1)(v) | <input type="checkbox"/> 10.40(c)(1)(vi) | <input type="checkbox"/> 10.40(c)(2) | <input type="checkbox"/> 10.40(c)(3) |
| <input type="checkbox"/> 10.40(c)(4) | <input type="checkbox"/> 10.40(c)(5) | <input type="checkbox"/> 10.40(c)(6) Please explain below: | |

Certifications

Check each box below that is factually correct. **WARNING: If a box is left unchecked, the request will likely not be approved.**

- ☒ I/We have given reasonable notice to the client, prior to the expiration of the response period, that the practitioner(s) intend to withdraw from employment.
- ☒ I/We have delivered to the client or a duly authorized representative of the client all papers and property (including funds) to which the client is entitled.
- ☒ I/We have notified the client of any responses that may be due and the time frame within which the client must respond.

Please provide an explanation, if necessary:

CHANGE OF CORRESPONDENCE ADDRESS

Complete the following section only when the correspondence address will change. Changes of address will only be accepted to an inventor or an assignee that has properly made itself of record pursuant to 37 CFR 3.71. Change the correspondence address and direct all future correspondence to:

- A. ☐ The address of the inventor or assignee associated with Customer Number: _____

OR

- B. ☒ Inventor or Assignee Name Nu-Tein Co., Inc.

Address	1633 Eustis Street			City	St. Paul	State	MN	Zip	55108	Country	United States of America
Telephone				Email							

I am authorized to sign on behalf of myself and all withdrawing practitioners.

Signature				
Name	Gary J. Speier	Registration No.	45,458	
Address	1600 TCF Tower, 121 South 8th Street			
City	Minneapolis	State	MN	
	Zip	55402	Country	USA
Date	June 17, 2009	Telephone No.	(612) 359-3261	

NOTE: Withdrawal is effective when approved rather than when received.